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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90108 035 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000059496

1. Corporation Name
AVAX, INC.



Principal Place of Business
722 FOREST CLUB DR
APT 105
WELLINGTON FL 33414
US

Mailing Address
711 FOREST CLUB DR
APT 105
WELLINGTON FL 33414
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 711 Forest Club DR #105
22 Wellington FL
23 33414 US
24 **25** **26** **27** **28** **29** **30**

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

65-0768143

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.

**Yes**

9. Name and Address of Current Registered Agent

GRENKOV, ANDREI
722 FOREST CLUB DR
SUITE 105
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name GRENKOV Andrei
82 Street Address (P.O. Box Number is Not Acceptable) 711 Forest Club DR #105
83
84 City Wellington FL 85 Zip Code 33414

11. Pursuant to the provisions of Sections 607.055(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01.15.99

12. OFFICERS AND DIRECTORS

TITLE D DIRECTOR
NAME GRENKOV, ANDREI
STREET ADDRESS 711 FOREST CLUB DR, SUITE 105
CITY-ST-ZIP WELLINGTON FL 33414

TITLE MANAGER
NAME Zaytseva VERONICA
STREET ADDRESS 711 Forest Club DR #105
CITY-ST-ZIP Wellington FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GRENKOV Andrei
01.15.99

CR2E034 (1/98)